

MDR Tracking Number: M5-04-2271-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 4-29-03,

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Per a letter on 5-19-04 the requester withdrew from dispute all services except CPT code 95851 for 4-19-02, all services on 7-30-02, CPT code 99080-73 on 10-3-02, CPT code 99213-MP on 10-3-02 and 11-7-03 and CPT code L0515 on 11-7-02.

The traction manual, myofascial release, joint mobilization, office visit with manipulation, and aquatic therapy on 7-30-02 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 10-12-04 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT Code 95851 for date of service 4-29-02 was denied for "a separate service was billed on the same day". Per rule 133.304 (c) the carrier didn't specify which service this was global to, therefore it will be reviewed according to the 96 MFG. **Recommend reimbursement of \$36.00.**

CPT code 99080-73 for date of service 10-3-02 was denied by the carrier as "F" – "This charge has been reimbursed according to the appropriate fee schedule or usual and customary value." The TWCC-73 is a required report. The carrier did not make payment. Requester submitted relevant

information to support delivery of service. Per 133.106(F)(1) **recommend reimbursement of CPT code 99080-73 for \$15.00.**

CPT code 99213-MP for dates of service 10-03-02 and 11-7-02 was denied by the carrier because the "Claim record is in the denied status". Per Rule 133.304(c): The insurance carrier must provide correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason for the insurance carrier's actions.

Recommend payment of \$96.00. (\$48.00 x 2).

CPT code L0515 for date of service 11-7-02 was denied by the carrier because the "Claim record is in the denied status". Per Rule 133.304(c): The insurance carrier must provide correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason for the insurance carrier's actions. **Recommend payment of \$49.00.**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 4-29-02 through 11-7-02 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 17th day of November, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

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NOTICE OF INDEPENDENT REVIEW DECISION

June 10, 2004

Re: IRO Case # M5-04-2271 amended 8/27/04

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is a Doctor of Chiropractic who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service 7/30/02
2. Explanation of benefits
3. Position statement 5/10/04
4. SOAP notes
5. Operative report 7/17/02

History

The patient injured his lower back in ____ when a crane that he was operating turned over, throwing him out and onto the ground. A nucleoplasty was performed on 3/13/02, followed by post-operative therapy. On 7/17/02 a right L5 selective nerve block was performed. The patient then received chiropractic treatment and therapeutic exercises.

Requested Service(s)

Traction manual, myofas rel, joint mobilization, OV with manipulation, aquatic ther
7/30/02

Decision

I disagree with the carrier's decision to deny the requested services.

Rationale

The medical records from the treating D.C. showed subjective complaints and objective findings to support treatment post injection. Objective findings included palpatory tenderness and guarding, muscular weakness, spasm and crepitus. ROM, subluxation and fixations were also documented. Myofascial release, joint mobilization, traction and manipulation were documented and shown to be necessary to treat the above-mentioned clinical findings. Supervised aquatic therapy exercises were performed to increase flexibility, strength, range of motion, and the ability to perform activities required on the job. The records show subjective improvement after each treatment. The standard of care is six treatment sessions after a nerve root block. These therapy sessions helped relieve that patient's symptoms and enhance the efficacy of the injection. The disputed services were appropriate and necessary, and were supported by documented functional gains and relief of symptoms.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.